

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 - 9

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) MedicaidTO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$

b. FFY 2004 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6 A
Supplement 8a - page 5
and
Supplement 8b - page 49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.6 A
Supplement 8a - page 5 (03-3)
and
Supplement 8b - page 4 (03-3)

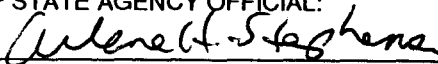
10. SUBJECT OF AMENDMENT:

This revision is required to eliminate consideration of income
or resources for non-IV-E children in subsidized adoptions who have special
medical or rehabilitative care needs.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Arlene H. Stephenson

14. TITLE:

Acting Secretary

15. DATE SUBMITTED: March 7, 2003

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 West Preston Street, Suite 124
Baltimore, Maryland 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 11, 2003

18. DATE APPROVED:

APR 16 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

State Plan Under Title XIX of the Social Security Act

State: Maryland

**LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION
1902(r)(2) OF THE ACT**

X For "independent foster care adolescents" (as defined in §1905(w)(1) of the Social Security Act) for whom the State is making foster care maintenance payments but who do not qualify for payments under Title IV-E of the Social Security Act, the agency does not consider resources in determining eligibility, in accordance with the option under §1902(a)(10)(A)(ii)(XVIII) of the Social Security Act.

X For individuals under age 21 (as defined in section 1902(a)(10)(A)(ii)(VIII) of the Social Security Act) who are under State adoption assistance agreements, have special needs for medical or rehabilitative care that made the child difficult to place, and do not qualify for payments under Title IV-E of the Social Security Act, the agency does not consider resources in determining eligibility.

TN No: 03-9
Supersedes
TN No: 03-3

Approval Date: APR 16 2003 Effective Date: January 1, 2003

State Plan Under Title XIX of the Social Security Act

State: Maryland

**LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION
1902(r)(2) OF THE ACT**

X For "independent foster care adolescents" (as defined in §1905(w)(1) of the Social Security Act) for whom the State is making foster care maintenance payments but who do not qualify for payments under Title IV-E of the Social Security Act, the agency does not consider income in determining eligibility, in accordance with the option under §1902(a)(10)(A)(ii)(XVIII) of the Social Security Act.

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